

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 1
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: _____

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Outpatient non-emergency visits			X	\$ 3.00

A co-payment study was conducted within Georgia and a comparison study with other states was completed. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 93-29

Supersedes TN No. 85-24

Approval Date 3-10-94

Effective Date 7-1-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Type of Charge			Amount
	Deduct.	Coins	Co-pay.	
Oral Maxillofacial Surgery Services			x	\$2.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-C17
Supersedes
TN No. NCW

Approval Date 7/6/94 Effective Date 7/1/94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Nurse practitioners evaluation and management office visits			x	2.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-019
Supersedes
TN No. new

Approval Date **FEB 03 1995** Effective Date 7-1-94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Durable Medical Equipment			x	\$3.00
Durable Medical Supplies and Rentals			x	1.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Orthotics and Prosthetic Services			x	\$3.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Home Health Services			x	\$3.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-22
Supersedes
TN No. new

Approval Date 2/7/95 Effective Date 7/1/94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Non-Emergency Transportation			x	\$1.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Physicians and Podiatrists Evaluation and Management office visits			x	\$2.00
Ophthalmology Service visits			x	2.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-C18
Supersedes
TN No. New

Approval Date FEB 03 1995 Effective Date 7-1-94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge Coins	Co-pay.	Amount
Optometric evaluation and management office visits			x	\$1.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-024
Supersedes 94-024 New
Approval Date 2/21/95 Effective Date 7-01-94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Pharmacy Services			x	\$.50

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-628
Supersedes
TN No. NEW

Approval Date 2/21/95 Effective Date 7/01/94